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Breaking News

Non-Emergent Medical Transportation (NEMT) Broker Transition

In order to ensure the smoothest transition possible between the NEMT broker First Transit to Total Transit, the Department is shifting the effective date of the new broker to November 1, 2014. The Department's NEMT contractor provides non-emergent transportation to and from Medicaid covered health care appointments with health care providers who have a Medicaid contract. This contract covers NEMT services for Medicaid clients living in Adams, Arapahoe, Boulder, Denver, Douglas, Jefferson, Larimer and Weld counties. First Transit will continue to provide services until November 1, 2014.

More information will be forthcoming in subsequent publications of the Provider Bulletin and other publications.

For more information, contact [Doug Van Hee](#).

Billing Information for Clients with Reinstated Benefits

Some Medicaid and Child Health Plan *Plus* (CHP+) clients may have received termination of benefits letters that did not contain complete information.

Some letters were sent that did not provide the reason explaining why their benefits were ending.

Although client benefits were terminated for the **appropriate reason**, because the clients may not have received the reason in their discontinuation letter, the following action is being taken by the Department:

Cases for impacted clients will be re-opened, and benefits will be reinstated from the first of the month following the date of initial discontinuance to September 30, 2014. The only exception to this would be if the client provided recent information that makes them eligible past 9/30/2014. Impacted clients will be sent a new letter that includes the reason for the discontinuation, the proper rule reference and the dates their benefits were reinstated.

Information Contained in the New Notice

The new complete letters were sent to impacted clients during the first week of September. The letter lists the client's county case worker and the Medicaid Customer Contact Center as a resource for their questions. As always, clients have the right to appeal the discontinuation of their benefits. For these clients, the provider must bill Medicaid and must also reimburse the client for any amounts they paid for services during the covered timeframe. The appeal process has been explained in detailed in the letter they received.

The letter tells the client that if they have incurred medical or pharmacy bills during the time their benefits were reinstated, they should present the letter to their Medical Provider or Pharmacy. The letter also includes billing instructions for Medical Providers and Pharmacies for services rendered to impact Medicaid and CHP+ clients.

As a reminder, in accordance with Colorado state law C.R.S. §25.5-4-301(1), doctors and pharmacies may not bill a client eligible for Medicaid or Old Age Pension Health Care Program for covered services. Doctors and pharmacies must bill Medicaid for these services and reimburse clients for any incurred costs covered by Medicaid. Also, doctors and pharmacies may not bill a client eligible for CHP+ for services we cover. Doctors and pharmacies must bill CHP+ for these services.

For more information see the [Provider Bulletin](#).

Providers: Please Update Your Contact Information

The Department is asking all providers to verify and/or update their information in the Medicaid Management Information System (MMIS) as soon as possible.

With the expansion of Medicaid benefits, Colorado has many new members looking for a health care provider. Updating provider information in the MMIS is critically important as the information provided (address and phone number in particular) are used in the Department's [Find a Provider](#) web search. Please be reminded that it is the responsibility of each provider to update their contact information contained in the MMIS.

Keeping the information updated also assures that payments and communication are sent timely and appropriately.

Updating the information in the Colorado Medical Assistance Web Portal ([Web Portal](#)) via the (MMIS) Provider Data Maintenance option is the easiest and most efficient method to keep information current. However, submission of a [Provider Enrollment Update form](#) is necessary for providers who do not have the capability to make updates through the Web Portal.

For more information, contact the Department's fiscal agent at 1-800-237-0757.

New Key Performance Indicators and Incentive Payments

Incentive and pay-for-performance measures within the Accountable Care Collaborative (ACC) have changed for Fiscal Year (FY) 2014-2015.

High-cost imaging and 30-Day, all cause hospital readmissions will no longer be Key Performance Indicators (KPI), but will be monitored as quality measures. KPI incentive payments will now be based on three separate measures:

- Overall reduction in ER usage;
- Overall Increase in postpartum visits; and
- Percentage of children, ages 3-9, who receive at least one well-child check-up in a year.

In addition, ACC Primary Care Medical Providers (PCMP) can earn extra payment for meeting certain Enhanced Primary Care Factors. The extra payment will be made annually, after close of the state fiscal year, and will be based on the number of ACC Members attributed to the PCMP throughout the year. To be eligible for the payment, PCMPs must meet at least five of the nine following enhanced care factors, as validated by their Regional Care Collaborative Organization (RCCO):

- The PCMP has regularly scheduled appointments (at least one time a month) on a weekend and/or on a weekday outside of typical workday hours.
- The PCMP provides timely clinical advice by telephone or secure electronic message both during and after office hours. Patients and families are clearly informed about these procedures.
- The PCMP uses available data (e.g., SDAC, clinical information) to identify special patient populations who may require extra services and support for medical and/or social reasons. The Practice has procedures to proactively address the identified health needs.
- The PCMP provides on-site access to behavioral health care providers.
- The PCMP collects and regularly updates a behavioral health screening (including substance use) for adults and adolescents and/or developmental screening for children (newborn to five years of age) using a Medicaid approved tool. In addition, the practice has documented procedures to address positive screens and has established relationships with providers to accept referred patients or utilizes the standard referral and release form created by the Behavioral Health Organizations.
- The PCMP generates lists of patients actively receiving care coordination.
- The PCMP tracks the status of referrals to specialty care providers and provides the clinical reason for the referral along with pertinent clinical information.
- The PCMP will accept new Medicaid clients for the majority of the year.
- The PCMP and patient/family/caregiver collaborate to develop and update an individual care plan

For more information, contact [Marty Janssen](#).

New Cheyenne County HMO

Effective October 1, 2014, Colorado Access HMO will be an additional option for parents with children enrolled in Child Health Plan *Plus* (CHP+) who live in Cheyenne County. Parents will

be able to choose either Colorado Access or Colorado Choice as their child's HMO. The expansion into this county will increase the choice of health plans available to our CHP+ participants. The State Managed Care Network will continue to provide the pre-HMO and prenatal benefits.

For more information, contact [Teresa Craig](#).

Increase Enrollment

New Launch Date for Shared Application Process

In preparation for 2015 open enrollment, HCPF and Connect for Health Colorado have set a revised go-live date for the shared application and eligibility system (SES). The new launch date will be November 9. This revised launch date provides additional time to complete all planned testing, as well as additional time for CBMS and PEAK users to attend trainings before the SES goes live.

The new joint application process was created and designed to improve the consumer experience which relies on complex technology by joining IT systems that have functioned independently until now. These enhancements include:

- A single application to quickly learn if consumers qualify for Medicaid, Child Health Plan *Plus* (CHP+), or a federal tax credit and/or cost sharing reduction through Connect for Health Colorado.
- Applicants will receive joint letters from HCPF and Connect for Health Colorado explaining what health coverage program they qualify for.
- Aligning account sign-on functionality for Colorado.gov/PEAK and ConnectforHealthCO.com so consumers will only need one login.

Additionally, we are enhancing Colorado's [nationally recognized technology](#) that allows for real-time eligibility determinations. Consumers may be able to find out immediately if they qualify for Medicaid or CHP+.

We strongly encourage all partners to participate in the upcoming in-person and online training events about the shared application process. More information on these opportunities are listed below.

Register Now to Attend Colorado's Building Better Health: Enroll 2015



**BUILDING
BETTER
HEALTH**
ENROLL 2015

Join hundreds of health coverage guides, assistance site navigators, certified application counselors, brokers, agents, community-based organizations and health advocates Oct. 14-15, 2014 as we rally together at "Building Better Health: Enroll 2015"

— Colorado's kick-off conference for the 2015 health coverage open enrollment period, beginning Nov. 15, 2014.

Hosted by the Colorado Health Foundation in collaboration with HCPF, the Colorado Division of Insurance and Connect for Health Colorado, this event represents a statewide partnership and commitment to a successful 2015 open enrollment period.

Attendees can receive training on the online application for health coverage and how to select a Marketplace plan, and receive an overview of Medicaid and Child Health Plan *Plus*. Brokers, Health Coverage Guides and Certified Application Counselors can attend certification and recertification sessions from Connect for Health Colorado after participating in online

prerequisite training. Additionally, navigators, advocates and community members will be able to engage in seminars that feature new market research on messaging and reaching special populations, story collection tools and community outreach tactics.

Registration is on a first-come, first-served basis so act now. The deadline to register is October 3. For more information go to: <http://www.coloradohealth.org/BuildingBetterHealth/>

What: “Building Better Health: Enroll 2015”

Where: Crowne Plaza DIA 15500 E. 40th Ave., Denver, CO 80239

When:

Tuesday, Oct. 14, 2014

Conference

9 a.m. – 5 p.m.

Reception

5 p.m. – 7 p.m.

Wednesday, Oct. 15, 2014

Conference

8 a.m. – 3 p.m.

For more information, contact [Beth Clemens](#) at the Colorado Health Foundation.

Training For County Eligibility Workers and Medical Assistance Sites

The Department of Health Care Policy and Financing (HCPF) will be delivering Open Enrollment, SES and Medicaid QA training to County Eligibility Workers and Medical Assistance (MA) Sites through Train-the-Trainer sessions and Regional trainings. In addition, an online training course will be available. The [Staff Development Center](#) would like to invite you to attend this training if you are a trainer or lead worker/supervisor and we want to highlight that the course will be open to all eligibility staff who process Medical Assistance cases if their county does not have a specific trainer or lead worker to attend.

- The training for County Eligibility Workers and MA Sites will address:
- Connect for Health Colorado 2015 Open Enrollment
- November 2014 PEAK enhancements
- Shared Connect for Health Colorado and Medical Assistance application enhancements
- Revised Medical Assistance Paper Application
- Medicaid Quality Assurance Improvement

Additional information regarding the instructor led and online trainings as well as registration information is available on TrainColorado.com > Courses or by [clicking here](#). If you have any questions regarding this training or need assistance with registration, please send an email to SOC_StaffDevelopment@state.co.us.

PEAK Resources and Trainings

PEAK resources and training information is now available on the [PEAK Outreach Initiative's Outreach and Training site](#).

The site hosts a variety of outreach and training resources for community partners, including:

- Important PEAK announcements and news
- PEAK View newsletters
- Live webinar and training calendar
- PEAK On-Demand recorded webinars
- PEAK User Guides
- PEAK support call schedule

The PEAK Outreach Team will continue to distribute the PEAK View newsletter on a monthly basis, but you will also be able to stay up-to-date on PEAK happenings and resource materials through the PEAK Outreach & Training site.

For a complete list of training webinars visit the PEAK Outreach Training Calendar [here](#).

For more information, contact PEAKOutreach@bouldercounty.org.

Improve Health Outcomes

School-Based Substance Abuse Prevention and Intervention (SAPI) Program Grants

The School-Based Substance Abuse Prevention and Intervention (SAPI) Program grants funds to schools, community-based organizations and health organizations to reduce the risk of marijuana use, alcohol use and prescription drug misuse by Colorado youth between 12-19 years old. Programs using SAPI funds must be school-based prevention and intervention programs that use evidence based strategies, practices and approaches. The SAPI Program was created with the passage of Senate Bill 14-215 (Colorado Revised Statute 25.5-1.206).

The goals of the SAPI Program are to:

- Increase the perceived risk of harm associated with marijuana use, prescription drug misuse, and underage alcohol use among Colorado youth who are 12-19 years of age;
- Decrease the rates of youth marijuana use, alcohol use, and prescription drug misuse;
- Delay the age of first use of marijuana, alcohol, or prescription drug misuse;
- Decrease the rates of youth who have ever used marijuana or alcohol or misused prescription drugs in their lifetime; and
- Decrease the number of drug- and alcohol-related violations on school property, suspensions, and expulsions reported by schools.

Any organization that believes it meets the eligibility requirements above, can file a Request for Grant Proposals (RGP) which is available on the HCPF [website](#). Completed applications will be due by November 3, 2014.

For more information, contact [Shannon Huska](#).

Medicaid Dental Benefit Update

DentaQuest, the Department's dental Administrative Services Organization (ASO), is now managing the Medicaid adult and children's dental benefit programs. You can reach DentaQuest's Member Services at 1-855-225-1729 (TTY 711), Monday – Friday between 7:30am – 5:00pm or visit their website at www.DentaQuest.com for assistance with your Medicaid dental questions.

Providers can contact DentaQuest's Provider Services at 1-855-225-1731 (TTY 711) if they need assistance or they can visit DentaQuest's [Provider website](#).

Dental Program Benefits – Rules and Regulations Update

The Children's Dental Rule passed its first reading at the [Medical Services Board](#) (MSB) hearing on August 8, 2014. A large volume of input has been received throughout the process over the past ten months and this has led to many changes made in collaboration with its dental providers, community members, and advocates. The Department is scheduled to present the Children's Dental Rule for its second reading and permanent adoption at the next MSB meeting, which will be held on Friday, October 10, 2014. This moves the earliest possible effective date for this rule out to November 30th.

The Department is also planning on taking an emergency rule before MSB on October 10, 2014 to change the rule governing how oral surgeons can bill for the medical and dental services they render to Medicaid clients. The Department will share a draft copy of the proposed changes to this rule language with stakeholders in the near future via email and would welcome feedback from any interested parties.

More information is available on the Department's [Provider Bulletins](#) and on the Department's Provider News and Implementations web page.

Contain Costs

Accountable Care Collaborative Update

The Accountable Care Collaborative (ACC) Program represents a committed effort to transform the Medicaid program into a system of better care for all its members, and to lower costs for the State of Colorado.

Estimated ACC enrollment as of September 1, 2014 was 703,663.

Medical Services Board

Public Rule Review Opportunities

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the [Public Rule Review Meetings](#) web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

If you would like more information, or to be added to the Medical Services Board email distribution list, please contact [Judi Carey](#).

Employment Opportunities

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the [website](#) for State of Colorado jobs including the Department of Health Care Policy and Financing jobs.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time.

The Department is a tobacco-free campus.

Enrollment

In August 2014, there were 1,089,078 Coloradans enrolled in Medicaid and 59,756 Coloradans enrolled in CHP+.
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